	△ REPORT OF LOBBYS	SI EMPLOYE	K	
	(Government Code Se	ection 86116)		1/7
	or			1
	☐ REPORT OF LOBBYIN (2 Cal. Code of Regs. S		N	
FORM 635 1993	IMPORTANT: Lobbying Coaccompleted Form 635-C		ach a	
	REPORT COVERS PERIOD FROM 04/01/20)17 THROUG	H_06/30/2017	FOR OFFICIAL USE ONLY
	CUMULATIVE PERIOD BEGINNING	01/01/2017		A AMENDMENT 003
	TYPE OR PRINT be be provided to you pursuant to the Information Practicular Provisions of the Political Reform Act.		e I <u>nformation</u>	B B
NAME OF FILER:				
Fran Halbakken City o	f Sacramento			
BUSINESS ADDRESS: (Nur		(State)	(Zip Code)	TELEPHONE NUMBER:
	SACRAM	ENTO CA	95814	
PART I - LEGISLATIV (See instructions on rever	E OR STATE AGENCY ADMINISTRATIVE AC	TIONS ACTIVELY	LOBBIED DURIN	G THE PERIOD
If more space is need	ed, check box and attach continuation sheets. SUMMARY OF PAY	MENTS THIS P	ERIOD	
A. Total Payments to	In-House Employee Lobbyists (Part III, Section A, Co	lumn 1)	\$	0.00
B. Total Payments to	Lobbying Firms (Part III, Section B, Column 4)		\$	
C. Total Activity Expe	nses (Part III, Section C)		\$	
D. Total Other Payme	ents to Influence (Part III, Section D)		\$	5305.00
GRAND T	OTAL (A + B + C + D above)		\$	27555.00
E. Total Payments in	Connection with PUC Activities (Part III, Section E)		\$	0.00
F. Campaign Contribu	itions: Part IV completed and attached	X No cam	paign contributions m	ade this period
	VERIFIC	CATION		
tion contained	reasonable diligence in preparing this Report. I herein and in the attached schedules is true and o penalty of perjury under the laws of the State of C	complete.	•	
Executed on (Date) 01/29/2018	At (City and State) Sacramento CA		By (Signature of Em Ms. Kathy Mc.	ployer or Responsible Officer) Allister
Name of Employer or Respor Ms. Kathy McAllister			Title Administrative A	nalyst

Name and Address of Lobbying Firm/Independent Contractor	Fees & Retainers	Reimbursements of Expenses	Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
[L] Emanuels Jones and Associates			0.00		
	22250.00	0.00		22250.00	66750.00
Sacramento CA 95814					
[L] Fernandez Government Solutions LLC			0.00		
	0.00	0.00		0.00	0.00
Sacramento CA 95814					
	TOTAL	THIS PERIOD (C	olumn 4)	•	•
If more space is needed, check box and attach Also enter the total of Column 4 on Line B of the \$22250.00					

continuation sheets

Also enter the total of Column 4 on Line B of the

Summary of Payments section on page 1.

22250.00

PERIOD COVERED: 04/01/2017 06/30/2017

NAME OF FILER: Fran Halbakken City of Sacramento

C. ACTI	VITY EXPENSES (See instructions on rever	se.)				
Date	Name and Address of Payee	Name and Official Positio of Reportable Persons ar Amount Benefiting Each	nd	Description of Consideration	1	Total Amount of Activity
			\$		\$	
	ore space is needed, check box and attach tinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
NOT Attac	IER PAYMENTS TO INFLUENCE LEG E: State and local government agencies do rehment Form 640 instead. PAYMENTS TO LOBBYING COALITIONS (Notes) Form 630 to this Report.)	not complete this section. Check box an		\$0.00 5305.00		
2. (OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$	5305.00
BEF	MENTS IN CONNECTION WITH ADMIT ORE THE CALIFORNIA PUBLIC UTIL narry of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the			\$	0.00

PERIOD COV	ERED: <u>04/01/2017</u> 06/30/2017		
NAME OF FIL	ER: Fran Halbakken City of Sacramento		
made to or on candidates or	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary behalf of <u>state</u> candidates, elected state officers and any of their controlled comm officers must be reported in A or B below.) e contributions made by you during the period covered by this report, or be	ittees, or committees suppo	rting such
in a	campaign disclosure statement which is on file with the Secretary of State tification number, if any, below.		
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
	tributions of \$100 or more which have not been reported on a campaign of e by an organization's sponsored committee, must be itemized below.	disclosure statement, inc	luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

5/7

PERIOD COVERED: <u>04/01/2017 -- 06/30/2017</u>

NAME OF FILER: <u>Fran Halbakken City of Sacramento</u>

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the

instructions on the cover page before completing this attachment.

Other Payments to Influence Legislative or Administrative Action:

1.	Total payments for overhead expenses related to lobbying activity. Report as a lump sum.	\$ 0.00
2.	Total payments to Lobbying Coalitions. Report as a lump sum. (Form 630 must be attached)	\$ 0.00
3.	Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.	\$ 0.00
4.	Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 5305.00
5.	Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 5305.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter		C	Cumulative Amount Since January 1
[O] Association of California Water Agencies	\$	0.00	\$	29805.00
Sacramento CA 95814				
[O] California Association of Sanitation	\$	0.00	\$	8570.00
Sacramento CA 95814				
[O] The State Bar of California	\$	0.00	\$	13078.00
San Francisco CA 94105-1617				
Subtotal of all payments itemized above	\$	0.00		
V If more space is needed, check how and attach			L	

X If more space is needed, check box and attach continuation sheets.

Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM
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PERIOD COVERED: <u>04/01/2017--06/30/2017</u>

NAME OF FILER: <u>Fran Halbakken City of Sacramento</u>

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[O] Regional Water Authority (RWA)	0.00	13000.00
Sacramento CA 95610-7692		
[O] California Animal Control Directors Assn.	0.00	250.00
Sacramento CA 95814		
[O] League of CA Cities	0.00	80735.00
Sacramento CA 95814		
[O] Moulton Niguel Water District	0.00	25000.00
Laguna Niguel CA 92607-0203		
[O] Assoc. of Environmental Professionals	250.00	250.00
Palm Destert CA 92260		
Fran [S] Halbakken	5055.00	10787.00
Sacramento CA 95814		

Subtotal of all payments itemized above

5305.00

\$

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No:

Legislature and Governors Office: AB 485 AB 968 AB 1222 AB 1452 AB 1654 AB 1667 AB 1668 AB 1669 SB 1 SB 2 SB 3 SB 6 SB 78 SB 182 SB 205 SB 267 SB 580 SB 611 SB 711 Whole Person Act Grant Park Bond Pannell Center State Budget Courthouse - VW Settlement Prop 64 Budget Trailer Bill Funding for After School Program R Street Garage Public Safety Funding for Mental Illness A - ffordable Housing Homelessness Homeless Youth Transitional Housing Water Conservation Disabled Placard Parking